

# **LOWELL FIRE**



## **INCIDENT ACTION PLAN**

**AUGUST 03, 2015 0700**

**TO**

**AUGUST 10, 2015 0700**

***CA-NEU-017851***




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## INCIDENT OBJECTIVES (ICS 202)

<b>1. Incident Name:</b> <b>LOWELL INCIDENT CA-NEU-017851</b>	<b>2. Operational Period:</b> Date From: 08/03/2015    Date To: 08/10/2015 Time From: 0700 hours    Time To: 0700 hours																				
<b>3. Objective(s):</b> <u>Management Objectives</u> <ul style="list-style-type: none"> <li>Provide for public and emergency personnel safety at all times</li> <li>Provide for timely and accurate release of incident information to the public, media, first responders and cooperators</li> <li>Protect and defend structures and improvements in the fire area</li> <li>Protect natural and cultural resources in the fire area</li> <li>Provide a process to manage emergency resources efficiently</li> <li>Ensure costs are minimized appropriately for values at risk</li> <li>Ensure coordination and communication with stakeholders and cooperating agencies</li> </ul> <u>Control Objectives</u> <ul style="list-style-type: none"> <li>Keep the fire within existing fire perimeter control lines</li> </ul>																					
<b>4. General Weather Conditions:</b>  <p style="text-align: center;">SEE ATTACHED</p>																					
General Situational Awareness and Safety: <ul style="list-style-type: none"> <li>MAINTAIN L.C.E.S. AT ALL TIMES. Safety zones and escape routes are mandatory</li> <li>Ensure all personnel maintain situational awareness</li> <li>Rolling material and steep terrain. Remember to maintain good footing</li> <li>Keep your hydration up by drinking water and electrolyte beverages. Avoid energy drinks</li> <li>Maintain good communications with your supervisors, adjacent forces and crew members</li> <li>Guard against complacency.</li> </ul>																					
<b>5. Site Safety Plan Required?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>Approved Site Safety Plan(s) Located at:</b>																					
<b>6. Incident Action Plan</b> (the items checked below are included in this Incident Action Plan): <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td><input checked="" type="checkbox"/> ICS 203</td> <td><input checked="" type="checkbox"/> ICS 214</td> <td><input checked="" type="checkbox"/> Finance Section Message</td> <td><input type="checkbox"/> Fire Operation Check List</td> </tr> <tr> <td><input checked="" type="checkbox"/> ICS 204(s)</td> <td><input checked="" type="checkbox"/> ICS 220</td> <td><input checked="" type="checkbox"/> FC-33 Input Form</td> <td><input checked="" type="checkbox"/> Water Usage Report</td> </tr> <tr> <td><input checked="" type="checkbox"/> ICS 205</td> <td><input checked="" type="checkbox"/> Weather Forecast</td> <td><input type="checkbox"/> Training Message</td> <td><input type="checkbox"/> Facility/Base Map</td> </tr> <tr> <td><input checked="" type="checkbox"/> ICS 206</td> <td><input type="checkbox"/> Fire Behavior Forecast</td> <td><input type="checkbox"/> Documentation Message</td> <td><input checked="" type="checkbox"/> Travel Map</td> </tr> <tr> <td><input checked="" type="checkbox"/> ICS 208</td> <td><input checked="" type="checkbox"/> Supp. Repair Message</td> <td><input checked="" type="checkbox"/> Demobilization Procedure</td> <td><input checked="" type="checkbox"/> Incident Map</td> </tr> </table>		<input checked="" type="checkbox"/> ICS 203	<input checked="" type="checkbox"/> ICS 214	<input checked="" type="checkbox"/> Finance Section Message	<input type="checkbox"/> Fire Operation Check List	<input checked="" type="checkbox"/> ICS 204(s)	<input checked="" type="checkbox"/> ICS 220	<input checked="" type="checkbox"/> FC-33 Input Form	<input checked="" type="checkbox"/> Water Usage Report	<input checked="" type="checkbox"/> ICS 205	<input checked="" type="checkbox"/> Weather Forecast	<input type="checkbox"/> Training Message	<input type="checkbox"/> Facility/Base Map	<input checked="" type="checkbox"/> ICS 206	<input type="checkbox"/> Fire Behavior Forecast	<input type="checkbox"/> Documentation Message	<input checked="" type="checkbox"/> Travel Map	<input checked="" type="checkbox"/> ICS 208	<input checked="" type="checkbox"/> Supp. Repair Message	<input checked="" type="checkbox"/> Demobilization Procedure	<input checked="" type="checkbox"/> Incident Map
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<b>7. Prepared by:</b> Name: <u>David Krussow</u> Position/Title: <u>PSC3-T</u> Signature:																					
<b>8. Approved by Incident Commander:</b> Name: <u>Chris Paulus</u> Signature:																					
ICS 202	IAP Page _____	Date/Time: <u>08/02/2015 1500 hrs</u>																			



# ORGANIZATION ASSIGNMENT LIST (ICS 203)

<b>1. Incident Name: LOWELL CA-NEU-017851</b>		<b>2. Operational Period:</b> Date From: 08/03/2015 Time From: 0700		Date To: 08/13/2015 Time To: 0700	
<b>3. Incident Commander(s) and Command Staff:</b>			<b>7. Operations Section:</b>		
IC/UCs	Chris Paulus	Chief	Kevin McKeown (Night)		
Deputy		Deputy			
Safety Officer		Staging Area			
Public Info. Officer		<b>Branch I</b>			
Liaison Officer		Branch Director			
Law Liaison		Division/Group	A/B/C/D/E	Brian York	
<b>4. Agency/Organization Representatives:</b>		Division/Group			
Nevada County Sheriff	Jeff Pettitt	Division/Group			
CHP	George Steffenson	<b>Branch II</b>			
Cal OES	Gary Humphrey	Branch Director			
BLM	Jerry Martinez	Division/Group			
USFS	Jason Withrow	Division/Group			
Sierra Pacific Industries	Eric Sweet	<b>Branch III</b>			
PG&E	Jeff Millar	Branch Director			
<b>5. Planning Section:</b>		Division/Group			
Chief	David Krussow	Division/Group			
Deputy		<b>Branch IV</b>			
Resources Unit		Branch Director			
Situation Unit	Elsa Hucks	Division/Group	W/X/Y	Andy Gregersen	
Equipment Tech Spec.		Division/Group			
Documentation Unit	Kim Moore/Tim Bingham	Division/Group			
DMOB Unit	Samantha Sweeden	Division/Group			
GISS		<b>Supp. Repair</b>			
IMET		Division/Group	<b>Suppression Repair</b>	David Ahmadi	
Training Tech. Spec.		Division/Group			
<b>Logistics Section</b>		Division/Group			
Chief	M. Reich/T. Webb/M. Huckaby	Division/Group			
Deputy					
		<b>Air Operations Branch</b>			
<b>Support Branch</b>		Air Ops Branch Dir.			
Supply Unit		Air Support Gp Sup.			
Facilities Unit	Travis Hurd/Chris Robinson	Helibase Mgr.			
Ground Support Unit	Dave McCoy	<b>8. Finance/Administration Section:</b>			
Ordering Manager		Chief	Pam Turknnett		
Crew Tech. Spec.		Deputy			
<b>Service Branch</b>		Time Unit	Leslie Marg/Rich Anderson		
Motel Tech Spec	Christine Craig	Procurement Unit			
Communications Unit	GVECC	Comp/Claims Unit			
Medical Unit		Cost Unit			
<b>9. Prepared by:</b> Name: David Krussow _____ Position/Title: PSC3 _____ Signature:  _____					



**Spot Forecast for Lowell Burn**  
National Weather Service Sacramento  
345 PM PDT Sun Aug 2 2015

IF CONDITIONS BECOME UNREPRESENTATIVE,  
CONTACT THE NATIONAL WEATHER SERVICE.

SPOT FORECAST FOR LOWELL...CALFIRE IMT 1  
NATIONAL WEATHER SERVICE SACRAMENTO CA  
345 PM PDT SUN AUG 2 2015

FORECAST IS BASED ON IGNITION TIME OF 1550 PDT ON AUGUST 02.  
IF CONDITIONS BECOME UNREPRESENTATIVE...CONTACT THE NATIONAL WEATHER  
SERVICE.

.DISCUSSION...

MODEST COOLING TREND IS EXPECTED AT THE BURN AREA THROUGH  
AT LEAST TUESDAY. UPSLOPE/UPVALLEY WINDS DURING THE DAY WILL  
BECOME DOWNSLOPE/DOWNVALLEY EACH NIGHT BY 10 PM.

.MONDAY...

SKY/WEATHER.....SUNNY.  
MAX TEMPERATURE.....82-87.  
MIN HUMIDITY.....23-28 PERCENT.  
WIND (20 FT).....  
SLOPE/VALLEY.....EAST WINDS 2 TO 4 MPH SHIFTING TO THE  
SOUTHWEST 4 TO 7 MPH IN THE AFTERNOON.  
RIDGETOP.....SOUTH 5 MPH.  
CWR.....0 PERCENT.  
LAL.....1.

.MONDAY NIGHT...

SKY/WEATHER.....MOSTLY CLEAR.  
MIN TEMPERATURE.....57-62.  
MAX HUMIDITY.....60-65 PERCENT.  
WIND (20 FT).....  
SLOPE/VALLEY.....SOUTHWEST WINDS 4 TO 7 MPH IN THE EVENING  
BECOMING DOWNSLOPE/DOWNVALLEY AT 2 TO 5 MPH  
BY 10 PM.  
RIDGETOP.....LIGHT WINDS.  
CWR.....0 PERCENT.  
LAL.....1.

## Lowell Fire Weather Forecast

To obtain daily fire weather forecast, submit spot weather requests daily between 1700-2000 hours on the preceding evening at:

<http://spot.nws.noaa.gov/cgi-bin/spot/spotmon?site=sto>

Utilize the following information on spot request:

Name: Lowell

Wildfire

LOCATION:

Lat: 39 11 31

Long: 120 52 26

Elevation Top: 4000

Elevation Bottom: 2000

Drainage: Steeplehollow Canyon

Aspect: West

Size: 2304 Acres

FUEL:

Type: Timber, brush

Sheltering: Partial

Select all Primary forecast elements for applicable time periods.

In remarks, request to have it delivered to your email.



## SAFETY MESSAGE/PLAN (ICS 208)

**1. Incident Name:**

Lowell

**2. Operational Period:**

Date From: 8/3/2015

Date To: 8/10/2015

Time From: 0700

Time To: 0700

**3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan:****Communication:**

Open, continuous, effective communication between fire personnel, contractors and public.  
Accountability- have all personnel check in and out with supervisors.

**Hydration/Nutrition/Fatigue:**

Hydration and nutrition starts prior to getting to the line, monitor your people.

**Driving Hazards:**

Be cognoscente of camp traffic, and lower your speeds. Slow down when traversing steep narrow roads and dusty low visibility areas. Possible slick roads due to rain.

**Mechanized Equipment**

Confirm all personnel working around equipment stay attentive to their task and wear appropriate PPE at all times.

**Fireline Hazards:**

Identify, communicate and flag snags, stumpholes, hazard trees and rock roll out areas. Post lookouts in life hazard zones.

**Weather**

Possible thunderstorms, heavy rain, lightning and down bursts. Review spot weather forecasts daily.

**Wildlife:**

Communicate to crews and adjoining resources if a hazard exists.

**Transition:**

Know who you are working for. Confirm assignments are clear and understood. Changing teams, become familiar with new leadership and intent.

**4. Site Safety Plan Required?** Yes ☐ No ☒**Approved Site Safety Plan(s) Located At:** N/A**5. Prepared by:** Name: Anthony Stornetta Position/Title: SOF1(T)Signature: 

ICS 208

IAP Page

Date/Time: 8/2/2015 1:40 PM



## **MAJOR INCIDENT / INCIDENT WITHIN INCIDENT (IWI) PROCEDURES**

### **INCIDENT MANAGEMENT TEAM 1**

It is the intent and priority of CAL FIRE Incident Management Team 1 to provide the safest working environment possible during any and all incident operations. In the event of an IWI, the following plan and procedures shall be followed to implement mitigations measures for "rapid intervention" to reduce the severity/consequences resulting from the situation. Critically injured patients have the greatest chance of survival if definitive treatment is provided within the first hour of injury, commonly referred to as "the Golden Hour". The intent of this IWI procedure is to provide the greatest chance of meeting the Golden Hour standard.

Secondary incidents can be of various types and levels of seriousness, such as:

- Medical
- Trauma
- Rescue
- Vehicle Accident
- Aircraft Accident
- Hazardous Materials
- Law Enforcement Action
- Dignitary visit

Secondary incidents shall be categorized as either "Minor" or "Major" based on the following definitions:

#### **MINOR:**

Those incidents that require a low level response and generally involve minor injuries, illnesses or resulting damage and would not be considered an "emergency." These incidents should be able to be handled at the Division or Group level and have minimal, if any, impacts on ongoing operations.

#### **MAJOR:**

Those incidents that require a high level of response (i.e. additional resources, technical rescue assistance, etc) and will involve significant injuries, illnesses or resulting damage and are considered an "emergency." These incidents will require the assignment and name designation of an "IWI Supervisor" for the incident within the incident, a dedicated radio frequency, and a separate incident number. These incidents may have significant impacts on ongoing operations and may cause some operations to cease.

When an emergency is reported, the Incident Commander, or his/her designee, is responsible for declaring whether it will be deemed an IWI or not. When a Major IWI determination is made, the MAJOR Incident-within-an-Incident (IWI) Plan will be followed.





## MAJOR INCIDENT-WITHIN-AN-INCIDENT (IWI) PLAN

### INCIDENT MANAGEMENT TEAM 1

In the event that a "Major Incident" occurs during the original incident, the following procedures will be followed:

NOTE: The Incident Commander, or his/her designee, is responsible for determining/declaring a Major IWI.

#### Communications Unit: (upon receipt of "Emergency" or "Priority" Traffic)

- |   |  | Time |
|---|--|------|
| • Clear the Command Net for Emergency Traffic Only  | Yes <input type="checkbox"/> No <input type="checkbox"/> |      |
| • Contact the IC or Operations Chief  | Yes <input type="checkbox"/> No <input type="checkbox"/> |      |
| ➤ Operations will establish a new incident (an incident with an incident) and, if necessary, will assign a Point of Contact to the new incident.  |  |      |
| • Act as a communications relay if needed.  | Yes <input type="checkbox"/> No <input type="checkbox"/> |      |
| • Communications will utilize the pre-assigned tactical frequency (i.e. CALCORD), if requested by Operations or the Point of Contact. (Command may be utilized for short duration incidents). | Yes <input type="checkbox"/> No <input type="checkbox"/> |      |
| ➤ If a new tactical frequency is assigned, notify all units on Command Net of this change.  | Yes <input type="checkbox"/> No <input type="checkbox"/> |      |
| • Advise when the IWI is Cleared.   |  |      |

#### *"Resume all Normal Radio Traffic on Command Net"*

Yes ☐ No ☐

#### Notifications:

	Time		Time
IC and/or Deputy IC	Yes <input type="checkbox"/> No <input type="checkbox"/>	Crew Tech/Spec	Yes <input type="checkbox"/> No <input type="checkbox"/>
Medical Unit	Yes <input type="checkbox"/> No <input type="checkbox"/>	Liaison	Yes <input type="checkbox"/> No <input type="checkbox"/>
Safety Officer	Yes <input type="checkbox"/> No <input type="checkbox"/>	Plans	Yes <input type="checkbox"/> No <input type="checkbox"/>
Air Operations	Yes <input type="checkbox"/> No <input type="checkbox"/>	Logistics	Yes <input type="checkbox"/> No <input type="checkbox"/>
Information	Yes <input type="checkbox"/> No <input type="checkbox"/>	Finance	Yes <input type="checkbox"/> No <input type="checkbox"/>

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Incident Type: \_\_\_\_\_  
Location (physical or legal): \_\_\_\_\_  
Reporting Party: \_\_\_\_\_ Phone # or Identifier: \_\_\_\_\_  
Documented by: \_\_\_\_\_ Identifier or ICS Position: \_\_\_\_\_

**PREPARED DATE/TIME: 8/02/15 19:00**

1. INCIDENT NAME: Lowell		2. OPERATIONAL PERIOD DATE: 8/03/15-8/10/15				START TIME:07:00		END TIME:21:00		SUNRISE:06:05		SUNSET:20:15	
3. REMARKS (Safety Notes, Hazards, and Air Operations Special Equipment, etc.):		4. MEDEVAC A/C:		5. TFR: None		Radius: Freq: Center point:		4. MEDEVAC A/C: • C-2HP Med Evac • C-2HP Initial Attack • Daytime hoist rescue Sac Metro. Contact through Grass Valley • Night rescue helicopter available from Mather Airport. Contact through Grass Valley					
* All GPS data to be collected (Degree ,Decimal, Minutes) * Avoid aerial application of retardant or foam within 300' of waterways, bodies of water. If dropped in these areas, notify AOBd with Lat/Long, and estimate of gallons. * Power Lines in the Area * Track dip sites/ quantity taken/ and drop location*      *Track retardant drop location* * Nevada County Airport (Grass Valley) Lat/Long N39° 13' 26.5" X W121° 00' 11.1" KGOO													
6. PERSONNEL		Phone		7. FREQUENCIES		AM		FM		8. FIXED-WING		# Avail / Type/ Make-Model / FAA N# / Base(s)	
AOBD:				AIR/AIR FW:						Airtankers			
ATGS:				AIR/AIR RW:						Lead Planes			
HLCO:				AIR/GROUND:		CDF Tac16		159.2850 TX/Rx 192.8		Base FAX #:			
ASGS:				COMMAND:		RX 168.0750 TX 170.4250				ATGS Aircraft			
HEBM:				COMMAND TONE		RX:		TX: 131.8					
ATB MGR:				DECK FREQ:						Other			
HC Manger: Dennis Cobb		530-526-6994		TOLC FREQ:						Crash Rescue- Contact Lowell Comm Unit			

## 9. HELICOPTERS (Use Additional Sheets as Necessary)

[illegible]




## ASSIGNMENT LIST (ICS 204)

1. Incident Name: <b>Lowell CA-NEU-017851</b>		2. Operational Period:		Date From: 08/03/15 Time From: 0700		Date To: 08/10/15 Time To: 0700	3.
4. Operations Personnel:						Contact Number	Branch: I
Incident Commander: Chris Paulus						(530) 277-2313	Division: A/B/C/D/E
Night OPS: Kevin McKeown						(916) 216-0142	
Division/Group Supervisor: Brian York						(530) 386-3535	
Staging Area:							
5. Resource Assigned:							
Resource Identifier		Leader		Number Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information	
STC NEU 9232C		Darin Nelson		17	(916) 622-3371	DP 12	
STC CZU 9171C		Mark Bisbee		19	(831) 254-1713	DP 12	
6. Work Assignments: Patrol and mop up as needed. Back haul garbage, hose, and water.							
7. Special Instructions:  All resources are 12 hour SOFR responsibilities will be handled by DIVS							
8. Communications (radio and/or phone contact numbers needed for this assignment): Function/Name Primary Contact: indicate cell, pager, or radio (frequency/system/channel)							
NIFC CMD 3	Radio (168.0750 RX / 170.4250 TX / Tn 131.8)						
Tactical - VTAC 11	Radio (151.1375 RX / 151.1375 TX / Tn 156.7)						
Medical - CALCORD	Radio (156.0750 RX / 156.0750 TX / Tn 156.7)						
Air to Ground - CDF TAC 16	Radio (159.2850 RX / 159.2850 TX / Tn 192.8)						
9. Prepared by: _____ Name: William Corey Position/Title: RESL(T) Signature: [Signature]							
ICS 204	IAP Page _____	Date/Time: 8/2/15 2100			Page 1 of 1		


[illegible]



## ASSIGNMENT LIST (ICS 204)


1. Incident Name: <b>Lowell CA-NEU-017851</b>		2. Operational Period: Date From: 08/03/2015 Time From: 0700		Date To: 08/10/2015 Time To: 0700		3.
4. Operations Personnel: <b>Incident Commander:</b> Chris Paulus <b>Night OPS:</b> Kevin McKeown <b>Division/Group Supervisor:</b> David Ahmadi					<b>Contact Number</b> <b>(530) 277-2313</b> <b>(916) 216-0142</b> <b>(530) 559-6221</b>	<b>Suppression Repair</b>  <b>Group 1</b>  <b>Staging Area:</b>
5. Resource Assigned:						Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information
Resource Identifier	Leader	Number Persons	Contact (e.g., phone, pager, radio frequency, etc.)			
RESP Walsh	Terri Walsh	1	(530) 205-5604		Lowell Camp	
BAER Whitson	Gary Whitson	1	(209) 419-4432		Lowell Camp	
CRW NEU WAR 4	John Valentich	16	(530) 310-1096		Lowell Camp	
DOZ E-150 Algerine	Tim Wearin	1	(209) 770-5697		Lowell Camp	
DOZ E-151 Algerine	Zack Lomelli	1	(209) 352-2202		Lowell Camp	
W/T E-88 Rodgers AWD	Buddy Rodgers	1	(916) 663-2455		Lowell Camp	
W/T E-113 A & F	Howard Elliot	1	(530) 277-5975		Lowell Camp	
Masticator E-251 Bordges	Tim Borges	1	(530) 919-3711		Lowell Camp	
HEQB Walter	Terry Walter	1	(530) 598-4162		Lowell Camp	
6. Work Assignments: Plan and implement suppression repair needs.						
7. Special Instructions:  <b>All resources are 12 hour SOFR responsibilities will be handled by DIVS</b>						
8. Communications (radio and/or phone contact numbers needed for this assignment): Function/Name Primary Contact: indicate cell, pager, or radio (frequency/system/channel) <b>Command-NIFC CMD 3</b> Radio (168.0750 RX/ 170.4250 TX/ Tn 131.8) <b>Tactical-VTAC 13</b> Radio (158.7375 RX/ 158.7375 TX/ Tn 156.7) <b>Medical -CALCORD</b> Radio (156.0750 RX/ 156.0750 TX / Tn 156.7) <b>Air to Ground CDF TAC 16</b> Radio (159.2850 RX/ 159.2850 TX/ Tn 192.8)          						
9. Prepared by: Name: William Corey Position/Title: RESL(T) Signature: 						
ICS 204		IAP Page		Date/Time: 8/2/15 1900		Page 1 of 1

## ASSIGNMENT LIST (ICS 204)

<b>1. Incident Name:</b> <b>Lowell CA-NEU-017851</b>		<b>2. Operational Period:</b> Date From: 08/03/2015      Date To: 08/10/2015 Time From: 0700                  Time To: 0700		<b>3.</b>  <b>Suppression Repair</b>  <b>Group 2</b>  <b>Staging Area:</b>																
<b>4. Operations Personnel:</b> <b>Incident Commander:</b> Chris Paulus <b>Night OPS:</b> Kevin McKeown <b>Division/Group Supervisor:</b> David Ahmadi		<b>Contact Number</b> <b>(530) 277-2313</b> <b>(916) 216-0142</b> <b>(530) 559-6221</b>																		
<b>5. Resource Assigned:</b>																				
Resource Identifier	Leader	Number Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information																
RESP Harvey	Jack Harvey	1	(530) 277-1174	Lowell Camp																
STG TGU 9276G	Howard Drummonds	30	(530) 575-6944	Lowell Camp																
DOZ E-107 Volcano	Franck Cameron	1	(530) 613-7259	Lowell Camp																
DOZ E-146 Donk & Buick	Darren Schneitzer	1	(530) 335-7225	Lowell Camp																
W/T E-29 Ellis	Chuck Riley	1	(916) 790-0752	Lowell Camp																
W/T E-80 AWB	Dan Brady	1	(530) 305-2695	Lowell Camp																
W/T E-85 Pierce	Bill Pierce	1	(775) 671-7814	Lowell Camp																
W/T E-89 Volcano	Bobby Knuckey	1	(530) 388-0719	Lowell Camp																
Excavator E-239 Ridge Log	Brian Forkner	1	(530) 470-3881	Lowell Camp																
Excavator E-248 Volcano	Kevin Haycraft	1	(530) 913-4170	Lowell Camp																
Masticator E-240 Lester	Lewis Lester	1	(530) 913-2417	Lowell Camp																
Masticator E-252 Graham	Clayton Graham	1	(530) 632-1977	Lowell Camp																
Masticator E-254 Robinson	Rick Smouts	1	(530) 913-2258	Lowell Camp																
FMOD O-208 Trees Unltd	George Harrison	2	(530) 277-7959	Lowell Camp																
<b>6. Work Assignments:</b> Plan and implement suppression repair needs.																				
<b>7. Special Instructions:</b> <b>All resources are 12 hour</b> <b>SOFR responsibilities will be handled by DIVS</b> Masticator E-240 also available as an Excavator with thumb.																				
<b>8. Communications</b> (radio and/or phone contact numbers needed for this assignment): <table style="width: 100%;"> <tr> <td style="width: 35%;">Function/Name</td> <td>Primary Contact: indicate cell, pager, or radio (frequency/system/channel)</td> </tr> <tr> <td>Command-NIFC CMD 3</td> <td>Radio (168.0750 RX/ 170.4250 TX/ Tn 131.8)</td> </tr> <tr> <td>Tactical-VTAC 13</td> <td>Radio (158.7375 RX/ 158.7375 TX/ Tn 156.7)</td> </tr> <tr> <td>Medical -CALCORD</td> <td>Radio (156.0750 RX/ 156.0750 TX / Tn 156.7)</td> </tr> <tr> <td>Air to Ground CDF TAC 16</td> <td>Radio (159.2850 RX/ 159.2850 TX/ Tn 192.8)</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>					Function/Name	Primary Contact: indicate cell, pager, or radio (frequency/system/channel)	Command-NIFC CMD 3	Radio (168.0750 RX/ 170.4250 TX/ Tn 131.8)	Tactical-VTAC 13	Radio (158.7375 RX/ 158.7375 TX/ Tn 156.7)	Medical -CALCORD	Radio (156.0750 RX/ 156.0750 TX / Tn 156.7)	Air to Ground CDF TAC 16	Radio (159.2850 RX/ 159.2850 TX/ Tn 192.8)						
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<b>9. Prepared by:</b> Name: William Corey      Position/Title: RESL(T)      Signature:  ICS 204      IAP Page      Date/Time: 8/2/15 1900																				



## ASSIGNMENT LIST (ICS 204)


1. Incident Name: <b>Lowell CA-NEU-017851</b>		2. Operational Period: Date From: 08/03/2015 Time From: 0700		Date To: 08/10/2015 Time To: 0700		3. <b>Suppression Repair</b>  <b>Group 2</b>  <b>Staging Area:</b>
4. Operations Personnel: <b>Incident Commander:</b> Chris Paulus <b>Night OPS:</b> Kevin McKeown <b>Division/Group Supervisor:</b> David Ahmadi				<b>Contact Number</b> <b>(530) 277-2313</b> <b>(916) 216-0142</b> <b>(530) 559-6221</b>		
5. Resource Assigned:						
Resource Identifier		Leader		Number Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information
Transport E-203 Robinson		Rick Smouts		1	(530) 913-2258	Lowell Camp
Transport E-249 Mader		Al Mader		1	(530) 277-6074	Lowell Camp
HEQB Hathaway		Aaron Hathaway		1	(530) 356-1780	Lowell Camp
HEQB Wilson		Craig Wilson		1	(530) 386-3975	Lowell Camp
6. Work Assignments: Plan and implement suppression repair needs.						
7. Special Instructions:  All resources are 12 hour SOFR responsibilities will be handled by DIVS						
8. Communications (radio and/or phone contact numbers needed for this assignment): Function/Name Primary Contact: indicate cell, pager, or radio (frequency/system/channel)						
Command-NIFC CMD 3		Radio (168.0750 RX/ 170.4250 TX/ Tn 131.8)				
Tactical-VTAC 13		Radio (158.7375 RX/ 158.7375 TX/ Tn 156.7)				
Medical -CALCORD		Radio (156.0750 RX/ 156.0750 TX / Tn 156.7)				
Air to Ground CDF TAC 16		Radio (159.2850 RX/ 159.2850 TX/ Tn 192.8)				
9. Prepared by: Name: William Corey Position/Title: RESL(T) Signature: 						
ICS 204		IAP Page		Date/Time: 8/2/15 1900		Page 2 of 2



## ASSIGNMENT LIST (ICS 204)

1. Incident Name: <b>Lowell CA-NEU-017851</b>		2. Operational Period: Date From: 08/03/2015 Time From: 0700		Date To: 08/10/2015 Time To: 0700	3.
4. Operations Personnel:				<b>Suppression Repair</b>  <b>Group 3</b>  <b>Staging Area:</b>	
<b>Incident Commander:</b> Chris Paulus		<b>Contact Number</b> <b>(530) 277-2313</b>			
<b>Night OPS:</b> Kevin McKeown		<b>(916) 216-0142</b>			
<b>Division/Group Supervisor:</b> David Ahmadi		<b>(530) 559-6221</b>			
5. Resource Assigned:					
Resource Identifier	Leader	Number Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information	
RESP Anderson	Guy Anderson	1	(559) 281-8479	Lowell Camp	
DOZ E-148 Bordges	JR Butts	1	(530) 295-7240	Lowell Camp	
DOZ E-149 G & O	Scott Weaver	1	(530) 344-6878	Lowell Camp	
DOZ E-263 Diversified	Conrad Batham	1	(626) 705-1240	Lowell Camp	
Excavator E-247 Mader	Al Mader	1	(530) 277-6074	Lowell Camp	
Masticator E-265 Garman	Heath Garman	1	(707) 354-1333	Lowell Camp	
Chipper E-264 Ridge Log	Ross Patton	1	(530) 263-2911	Lowell Camp	
FOBS Stratton	Robert Stratton	1	(707) 696-9136	Lowell Camp	
6. Work Assignments: Plan and implement suppression repair needs.					
7. Special Instructions:  All resources are 12 hour SOFR responsibilities will be handled by DIVS					
8. Communications (radio and/or phone contact numbers needed for this assignment): Function/Name Primary Contact: indicate cell, pager, or radio (frequency/system/channel)					
Command-NIFC CMD 3	Radio (168.0750 RX/ 170.4250 TX/ Tn 131.8)				
Tactical-VTAC 13	Radio (158.7375 RX/ 158.7375 TX/ Tn 156.7)				
Medical -CALCORD	Radio (156.0750 RX/ 156.0750 TX / Tn 156.7)				
Air to Ground CDF TAC 16	Radio (159.2850 RX/ 159.2850 TX/ Tn 192.8)				
9. Prepared by: Name: William Corey Position/Title: RESL(T) Signature: [Signature]					
ICS 204	IAP Page	Date/Time: 8/2/15 1900		Page 1 of 1	

## ASSIGNMENT LIST (ICS 204)

1. Incident Name: <b>Lowell CA-NEU-017851</b>		2. Operational Period: Date From: 08/03/2015 Time From: 0700		Date To: 08/10/2015 Time To: 0700		3. <b>Branch:</b>  <b>Road Group</b>  <b>Staging Area:</b>
4. Operations Personnel: <b>Incident Commander:</b> Chris Paulus <b>Night OPS:</b> Kevin McKeown <b>Division/Group Supervisor:</b> David Ahmadi				<b>Contact Number</b> <b>(530) 277-2313</b> <b>(916) 216-0142</b> <b>(530) 559-6221</b>		
5. Resource Assigned:						
Resource Identifier		Leader		Number Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information
W/T E-84 Pierce		Bill Pierce		1	(775) 283-8035	DP 25
W/T E-86 Spitfire		Bruce Florence		1	(916) 955-6783	DP 25
W/T E-204 Kulikov		Andrea Kulikov		1	(209) 471-2483	DP 25
W/T E-235 Fireline		Bryan Troedel		1	(707) 489-4221	DP 25
Grader TNF E-223		Chris Torres		1	(530) 446-0927	DP 25
Grader E-237 Lester		Luis Lester		1	(530) 913-3417	DP 25
6. Work Assignments:  Improve driving conditions on fire road systems.						
7. Special Instructions:  All resources are 12 hour SOFR responsibilities will be handled by DIVS						
8. Communications (radio and/or phone contact numbers needed for this assignment): Function/Name Primary Contact: indicate cell, pager, or radio (frequency/system/channel)						
NIFC CMD 3		Radio (168.0750 RX / 170.4250 TX / Tn 131.8)				
Tactical - VTAC 14		Radio (159.4725 RX / 159.4725 TX / Tn 156.7)				
EMS - CALCORD		Radio (156.0750 RX / 156.0750 TX / Tn 156.7)				
Air to Ground - CDF TAC 16		Radio (159.2850 RX / 159.2850 TX / Tn 192.8)				
9. Prepared by: Name: William Corey Position/Title: RESL (T) Signature: 						
ICS 204		IAP Page		Date/Time: 8/2/15 2100		Page 1 of 1



INCIDENT RADIO COMMUNICATIONS PLAN				Incident Name		Date/Time Prepared		Operational Period Date/Time			
Lowell				Lowell		08/02/2015 1800 hrs		8/03/2015-08/10/2015 0700 to 0700			
Ch #	Function	Channel Name/Trunked Radio System Talkgroup	Assignment	RX Freq	N or W	RX Tone/NAC	TX Freq	N or W	Tx Tone/NAC	Mode A, D or M	Remarks
1	Command	NIFC CMD 3	All Divisions	168.0750		none	170.4250		131.8	A	Tone 3 Banner MTN
2	Command	CDF CMD 1	Not Assigned	151.3550		103.5	159.3300		OST	A	<u>Not Assigned</u>
3	Command	NEU LOCAL	Initial Attack	151.3250		131.8	159.3600		OST	A	
4	Tactical	VTAC 11	All Divisions	151.1375		156.7	151.1375		156.7	A	
5	Tactical	VTAC 12	Not Assigned	154.4525		156.7	154.4525		156.7	A	<u>Not Assigned</u>
6	Tactical	VTAC 13	Sup Repair	158.7375		156.7	158.7375		156.7	A	
7	Tactical	VTAC 14	Roads	159.4725		156.7	159.4725		156.7	A	
8	Tactical	CDF TAC 13	Not Assigned	151.3775		192.8	151.3775		192.8	A	<u>Not Assigned</u>
9	Tactical	CDF TAC 23	Not Assigned	159.4500		192.8	159.4500		192.8	A	<u>Not Assigned</u>
10	Tactical	VFIRE 24	Not Assigned	154.2725		156.7	154.2725		156.7	A	<u>Not Assigned</u>
11	Tactical	VFIRE 25	Not Assigned	154.2875		156.7	154.2875		156.7	A	<u>Not Assigned</u>
12	AIR TO GROUND	CDF TAC 16	All Divisions	159.2850		192.8	159.2850		192.8	A	Air To Ground
13											
14											
15	EMS	CALCORD	All Divisions	156.0750		156.7	156.0750		156.7		IWI Use
16	Emergency	Air Guard	All Divisions	168.6250			168.6250		110.9 ( 1 )		EMERGENCIES ONLY
17											
18											
19											
20	Emergency	Air Guard	All Divisions	168.6250 N			168.6250 N		110.9 ( 1 )		EMERGENCIES ONLY
Prepared By (Communications Unit)				Incident Location							
Tom Webb COML IMT #1				County Nevada		State-CA		Latitude		N Longitude W	

The convention calls for frequency lists to show four digits after the decimal place, followed by either an "N" or a "W", depending on whether the frequency is narrow or wide band. Mode refers to either "A" or "D" indicating analog or digital (e.g. Project 25) or "M" indicating mixed mode. All channels are shown as if programmed in a control station, mobile or portable radio. Repeater and base stations must be programmed with the Rx and Tx reversed.



# MEDICAL PLAN (ICS 206)

<b>1. Incident Name:</b> LOWELL		<b>2. Operational Period:</b> Date From: 8-3-15 Time From: 07:00		Date To: 8-9-15 Time To: 07:00			
<b>3. Medical Aid Stations:</b>							
Name	Location	Contact Number(s)/Frequency	Paramedics on Site?				
NONE			NONE				
<b>4. Transportation (indicate air or ground):</b>							
Ambulance Service	Location	Contact Number(s)/Frequency	Level of Service				
SIERRA NEVADA AMBULANCE	155 GLASSON WAY, GRASS VALLEY	REQUESTED THROUGH COMMUNICATIONS	ALS				
AMR	COLFAX AND AUBURN	REQUESTED THROUGH COMMUNICATIONS	ALS				
AIR AMUBLANCE	GRASS VALLEY ECC AIR AMBULANCE COORDINATION	REQUESTED THROUGH COMMUNICATIONS	ALS				
<b>5. Hospitals:</b>							
Hospital Name	Address, Latitude & Longitude if Helipad	Contact Number(s)/Frequency	Travel Time		Trauma Center	Burn Center	Helipad
			Air	Ground			
SIERRA NEVADA MEMORIAL	155 GLASSON WAY, GRASS VALLEY N 39 13.36.75 W 121 02 85	530-274-6001	5	15	NO Level: _____	NO	YES
AUBURN FAITH	11815 EDUCATION ST, AUBURN, CA	(530) 888-4562		30	NO Level: _____	NO	NO
SUTTER ROSEVILLE	1 MEDICAL PLAZA ROSEVILLE, CA N 38 44.89 W 121 15.00	(916)786-3033	16	45	YES Level: 2	NO	YES
UC DAVIS	2315 STOCKTON BLVD SACRAMENTO N 38 33.20 W 121 27.10	(916) 734-3790	23	60	YES Level: 1	YES	YES
<b>6. Special Medical Emergency Procedures:</b> <b>LINE /STAGING AREA EMERGENCY:</b> <b>Crew Supervisor to contact Division Supervisor with patient complaint/condition and location.</b> <ul style="list-style-type: none"> <li>• Division Supervisor contacts:               <ol style="list-style-type: none"> <li>1. Nearest resource that has EMS equipment on line.</li> <li>2. Communications</li> </ol> </li> <li>• Communications Unit contacts               <ol style="list-style-type: none"> <li>1. Incident Commander</li> <li>2. Safety</li> </ol> </li> <li>• Division Supervisor or designee will serve as point of contact and run medical emergency utilizing <u>CALCORD</u> for IWI and only for duration needed.</li> <li>• Communication Unit will clear command channel for emergency traffic as needed and only for time needed.</li> <li>• Communications will dispatch ground ambulances, air ambulances, hoist helicopter, etc</li> </ul>				<div style="text-align: center;"><b><u>INJURY REPORTING PROCEDURES</u></b></div> <p>CHIEF COMPLAINT _____</p> <p>LOCATION OF PATIENT _____</p> <p>TRANSPORT REQUEST BY: AIR ___ GROUND ___</p> <p>DIVISION _____ CREW _____</p> <p>POINT OF PICKUP _____</p> <p>LAT _____ LONG _____</p> <p>IS EMT WITH THE PATIENT: YES ___ NO ___</p> <p>AGE _____</p> <p>SEX: MALE ___ FEMALE ___</p> <div style="text-align: center; margin-top: 20px;"> <b>ALL EMERGENCIES</b>  <b>Secure the area and identify witnesses for later investigation. Keep an accurate log of events.</b> </div>			
Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.							
<b>7. Prepared by (Medical Unit Leader):</b> Name: JESSE WINNEN				Signature: _____			
<b>8. Approved by (Safety Officer):</b> Name: DENNIS LANGE				Signature: _____			
ICS 206		IAP Page _____		Date/Time: 8/2/15 17:00 _____			



## Suppression Repair Message

The following are repair tasks that crews can conduct as available on the fireline.

### Handlines

- Install waterbreaks when necessary to prevent erosion.
- Handlines along the contour, on ridge tops or other flat areas will not require waterbreaks if the line will not concentrate water runoff.
- Waterbreaks on handlines shall be cut a minimum of 6 inches into firm ground and shall have an unobstructed discharge at the outlet.
- Remove all trash from the lines so it can be backhauled.

### Dozer Lines

- Move hose lines to one side of the line so that it can be accessed and repaired by equipment if necessary.
- Install waterbreaks as feasible focusing on very steep areas first.
- Waterbreaks should be deep enough to significantly reduce the chance of being destroyed by off-highway vehicle use. (12" high berms with 6" deep cut into hard earth totaling 18")

### Roads

- Remove berms from outside of roads.
- Clean Culvert inlets of debris from suppression activities.
- Clean inside ditches of debris from suppression activities.

### General Repair Items

- Report any damage to property including gates, fences, water sources, culverts or any other damage caused by suppression activities.
- Remove all trash generated by the incident.

• Fireline and Road Gradient (%):	<u>0-10</u>	<u>11-25</u>	<u>26-50*</u>	<u>&gt;50*</u>
Fireline waterbreak spacing	150'	100	75'-50'	50'-25'
Road waterbreak spacing	150'	100	75'-50'	N/A'



**CAL  
FIRE**



## FC-33 DAILY UPDATE

DATE:		24 Hr	12 Hr
RQST #:		S/T #	
WORK LOCATION:			

Radio IDs:					
ST Leader:	DOZER BLADE HRS	PRTBL PUMP HRS	# OF SAWS	HRS ON EACH SAW	NOTES
Engine/Crew:					

Comments (any changes?):

CELL PHONE #:

8/29/2015



# 1 operator, 12 hour shift

EMERGENCY SHIFT TICKET and EVALUATION FORM										Contractor Name	
The responsible Government Officer will complete this form each shift										We Build Line	
Incident or Project Name <b>Wild</b>			Incident Number <b>CALNU 123456</b>			Request Number <b>E-61</b>			Operator #1 <b>Jason Ferguson</b>		Operator #2
Agreement Number <b>LNU76543210</b>											
Equipment Make <b>CAT</b>			Equipment Model / Type <b>Dozer D6N</b>			<input checked="" type="checkbox"/> Contractor		<input type="checkbox"/> Government			
Serial Number <b>3BG0236</b>			Licence Number			<input checked="" type="checkbox"/> Contractor		<input type="checkbox"/> Government			
Equipment Use											
Date		Start	Stop	Work	(Circle) <b>Hours</b> Days / Miles						
Mo / Day					Assignment						
7/17		0001	0800	8	Off Shift						
7/17		0800	2000	12	Division B						
7/17		2000	2400	4	Off Shift						
Vendor Rating											
Met Performance Expectations			Poor*		Avg.		Good		Exc.		N/A
Equipment in Safe Working Condition			Vendor Rating must be done.								
Operator Skill Level											
Operates Safely											
Operator's Cooperation Level											
Overall Performance											
* NOTE: Any rating of POOR requires an explanation in Comment Section.											
**Final evaluation or for more documentation, use an ICS Form 230 or equivalent.											
Remarks/Comments **											
<b>1 Operator</b>											
Govt. Rep. Name and Position - PRINT <b>Steve Hampton, Div B</b>											
Govt. Rep. Signature <i>Steve Hampton</i>											
Contractor Signature <i>Jason Ferguson</i>											
Date <b>07/17/12</b> Time <b>2000</b>											
CALFIRE 297 (Rev 3-2011)											

Pink - Finance      Blue - Home Unit HE Coordinator      Yellow - Vendor      White - Govt Representative

# 2 operator, 24 hour shift

EMERGENCY SHIFT TICKET and EVALUATION FORM										Contractor Name	
The responsible Government Officer will complete this form each shift										Water Haulers	
Incident or Project Name <b>Wild</b>			Incident Number <b>CALNU 123456</b>			Request Number <b>E-64</b>			Operator #1 <b>Sean Rodgers</b>		Operator #2 <b>Wayne Rodgers</b>
Agreement Number <b>LNU2223333</b>											
Equipment Make <b>Peterbilt</b>			Equipment Model / Type <b>4000 Gallon</b>			<input checked="" type="checkbox"/> Contractor		<input type="checkbox"/> Government			
Serial Number <b>11343N</b>			Licence Number <b>6A256483</b>			<input checked="" type="checkbox"/> Contractor		<input type="checkbox"/> Government			
Equipment Use											
Date		Start	Stop	Work	(Circle) <b>Hours</b> Days / Miles						
Mo / Day					Assignment						
7/16		1300	1500	2	Travel In						
7/16		1500	2400	9	Division B						
7/17		0001	0800	8	Division B						
Vendor Rating											
Met Performance Expectations			Poor*		Avg.		Good		Exc.		N/A
Equipment in Safe Working Condition			Vendor Rating must be done.								
Operator Skill Level											
Operates Safely											
Operator's Cooperation Level											
Overall Performance											
* NOTE: Any rating of POOR requires an explanation in Comment Section.											
**Final evaluation or for more documentation, use an ICS Form 230 or equivalent.											
Remarks/Comments **											
<b>2 Operators</b>											
Govt. Rep. Name and Position - PRINT <b>Mike Brown, Div B</b>											
Govt. Rep. Signature <i>Mike Brown</i>											
Contractor Signature <i>Wayne Rodgers</i>											
Date <b>07/17/12</b> Time <b>0800</b>											
CALFIRE 297 (Rev 3-2011)											

Pink - Finance      Blue - Home Unit HE Coordinator      Yellow - Vendor      White - Govt Representative

## INCIDENT REPLACEMENT REQUISITION

INCIDENT ORDER NUMBER	ISSUE NUMBER (FOR CACHE USE)
INCIDENT NAME	ACCOUNTING/MANAGEMENT CODE
AGENCY BILLING ADDRESS NAME	AGENCY SHIPPING ADDRESS NAME
UNIT NAME	UNIT NAME
BILLING ADDRESS	ADDRESS (NO P.O. BOX)
CITY, STATE, ZIP	CITY, STATE, ZIP
AUTHORIZED BY (NAME AND TITLE)	PERSON ORDERING (NAME AND TITLE)
TELEPHONE NUMBER	TELEPHONE NUMBER
DATE/TIME ORDERED	DATE/TIME ORDERED

[illegible]



STATE OF CALIFORNIA  
DEPARTMENT OF FORESTRY AND FIRE PROTECTION  
**INCIDENT REPLACEMENT REQUISITION**  
FC-315 (11/05) Formerly Optional Form - Page 2 of 3

## INCIDENT REPLACEMENT REQUESTION, Continuation Page

[illegible]

## **FC-315 INSTRUCTIONS FOR USE**

### **INITIAL AND EXTENDED ATTACK INCIDENTS:**

The Incident Commander approves replacement request based on Engine Accountability sheets or other fire equipment inventory documents approved by the requesting resource's home unit.

- If equipment and supplies are available at the incident for replacement, the request is filled at the incident host unit.
- If equipment and supplies are unavailable at the incident for replacement AND the requesting resource is not being immediately demobilized, the hosting unit will place a resource order for needed items through appropriate channels to the servicing fire cache or vendor. The order will be shipped to the incident and replacement will take place at the host unit.
- If equipment and supplies are unavailable at the incident for replacement, AND the requesting resource is being demobilized, an FC-315 will be completed by the host unit, 'S' number issued, signed by the authorizing official and given to the requesting resource.
- On an Initial or Extended Attack incident, where a Supply Unit has not been established, approvals are limited to the Incident Commander or Agency Representative.

### **LARGE INCIDENTS WHERE A BASE HAS BEEN ESTABLISHED:**

The incident Supply Unit Leader (SPUL) will be responsible for handling incident replacement requisitions when a incident base is established. The SPUL approves replacement request based on Engine Accountability sheets or other fire equipment inventory documents approved by the requesting resource's home unit.

- If equipment and supplies are NOT available at the incident for replacement, AND the requesting resource is not being immediately demobilized, The Supply Unit will place a resource order for needed items through appropriate channels to the servicing fire cache or vendor. The order will be shipped to the incident and replacement will take place at the Supply Unit.
- If equipment and supplies are unavailable at the incident for replacement, AND the requesting resource is being demobilized, an Incident Replacement Requisition (FC-315) will be completed by the Supply Unit, a 'S' number issued, signed by the authorizing official and given to the requesting resource.
- Authorized approvals and signatures MUST be included on the FC-315. For large incidents where a Base has been established, these approvals are limited to Incident Supply Unit Leader, Logistics Section Chief, Incident Commander or Agency Representative.

Replacement orders will be based on approved OF-315's and must be processed within 30 days of control of incident. A copy of the FC-315 will be attached to all pay documents charged against an incident number.

(Revision 4/04)



**NOTE:** This form must not be used to certify lost, stolen or worn out property. A STD 152 Property Survey Report must be completed.

LOCATION OF ITEMS:

REMARKS:

<b>SIGNATURE OF PERSON CERTIFYING OCCURRENCE AS DESCRIBED</b>			
<b>SIGNATURE:</b>	<b>PRINTED NAME:</b>	<b>TITLE:</b>	<b>DATE:</b>
<b>UNIT SUPERVISOR'S APPROVAL</b>			
<b>COMMENTS:</b>			
<b>SIGNATURE OF UNIT ADMINISTRATOR:</b>		<b>TITLE:</b>	<b>DATE:</b>

## Instructions for Use of CDF 101 Property Certification of Location or Damage

**Document Number:** for use as a local number system or when attached to a FC-40 document.

**Location / Incident Name:** Enter the CDF facility property is assigned to. If submitting to an incident base, enter the Incident Name.

**Incident Number:** Enter the appropriate incident number

**Unit:** Enter the Unit the property is assigned to. If submitting to an incident base, enter the request number of the person certifying damage example E-320, C-14 or O-355.

**Region:** Enter the CDF Region where the property was assigned. If submitting to an incident base, enter the CDF Region responsible for the incident.

**Date:** Enter the date the P.L. or D. was completed.

The following items were: Enter either 'Broken', 'Left on Line', 'Damaged' or other status of the property.

**Reminder, this form cannot be used in place of the STD-152 to certify Lost, Stolen, Worn Out or Damaged beyond repair property.**

**Date of Occurrence:** Enter the date the property was broken, left on line or damaged.

**Quantity:** Enter the quantity for the line item.

**Unit of Measure:** Enter the unit of measure for the line item (example ea = each).

**CDF Stock Number:** Enter the PIN or stock number.

**Description:** Enter the description of the line item, indicate size, make, model and type. Clearly describe the item and provide adequate data to effectively identify equipment or property.

**Property Number:** Enter the CDF property number assigned to the line item, Capitalized or sensitive property must have their property number entered here.

**Location of Items:** Where is the property now (example, left on Division B night shift 8/1/04, Drop Point 2). A GPS coordinate, Station 22 or Unit Service Center may also be used to describe Location.

**Remarks:** Enter specific remarks here, how was the property damaged, what specifically is wrong with it.

**Signature of Person Certifying Occurrence as Described:**

**Signature:** The CDF Employee certifying the occurrence must sign.

**Printed Name:** Enter the printed name of the signature.

**Title:** Enter the title of the signature.

**Date:** Enter the date of the signature.

### Unit Supervisors Approval:

If submitted on an incident this section must be completed by the supervisor of the property custodian. This may be the Strike Team Leader, Division Supervisor, Receiving and Distribution Manager, Supply Unit Leader, Logistics Section Chief, Agency Representative or Incident Commander.

If submitted at the home Unit this section must also be completed by the supervisor of the property custodian. This may be a Battalion or Division Chief.

**Comments:** Supervisors may enter comments of approval or disapproval.

**Signature of Unit Administrator:** Signature of Unit Supervisor reviewing the certification described.

**Title:** Title of the signature.

**Date:** Date of the signature.

**Notes:**

**This document is NOT required if exchanging property at an incident base with the exception of capitalized or sensitive property assigned a CDF property number.**

**This document is required as certification when submitting an MRT to your local Service Center for replacement of property.**

**An OF-315 (Incident Replacement Requisition) is required as authorization to purchase fire replacement items at your local Unit. This document is required when submitting an MRT to your local Service Center for fire replacement items. A CDF-101 and/or A STD-152 are required for the certification of the status of property being requisitioned for replacement.**



## MATERIAL, REQUISITION, OR TRANSFER

DATE SHIPPED: \_\_\_\_\_

DOCUMENT NUMBER: \_\_\_\_\_

TRANSFER FROM \_\_\_\_\_  
LOCATION CODE: \_\_\_\_\_

TRANSFER TO  
LOCATION CODE: \_\_\_\_\_

UNIT: \_\_\_\_\_

UNIT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ATTN:

ATTN: \_\_\_\_\_

***Do not use for transfer of Capitalized equipment***

[illegible]

A = ABATEMENT      C= CHARGE

A	C	FY	INDEX	OBJECT	PCA	AMOUNT		INCIDENT NUMBER
<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>							

REQUEST FOR TRANSFER:

APPROVAL:

FILLED BY:

RECEIPT OF TRANSFER:

SIGNATURE:

TITLE:

DATE:



# DEMOBILIZATION PROCEDURES

## Lowell Incident

### CA-NEU-017851



BRET GOUVEA – INCIDENT COMMANDER

- When your Name and/or Request number is posted on the Demob (Demobilization) list, report to the Demobilization Unit. The Demob list can also be accessed in the incident box account utilizing the incident Q.R. code.
- **STRIKE TEAMS: ONLY THE STRIKE TEAM LEADER NEEDS TO REPORT TO THE DEMOBILIZATION UNIT.**
- You must have your Order / Request number to begin the demobilization process.
- Pickup your demobilization check-out form (ICS-221) from the Demobilization Unit, then go to the following units to obtain the necessary signatures.
  - Supply Unit
  - Communications Unit
  - Ground Support / Vehicle inspection (If applicable)
  - Documentation Unit
  - Time Unit
  - Training Unit (If applicable)
  - Accommodations (If applicable)
- Return the completed ICS-221 form to the Demobilization Unit.

#### Vehicle Inspections:

- A vehicle inspection time will be provided when you initially arrive to the Demobilization Unit.
- Vehicle inspection occur at:

*Cal Fire Station 20  
10242 Ridge Road  
Nevada City, CA 95959*

#### DO NOT REPORT FOR VEHICLE INSPECTION PRIOR TO YOUR APPOINTMENT TIME!

- Agency dozers, ask for specific ground support instructions.





# WATER USAGE REPORT

DATE: \_\_\_\_\_

Division / Group: \_\_\_\_\_

AGENCY ID / VENDOR: \_\_\_\_\_

I.e.. Strike Team 1110C, Acme Water Tenders

REQUEST # \_\_\_\_\_

TURN INTO FINANCE DAILY

WATER SOURCE LOCATION	Hydrant	Open source i.e. pond	Tank	Gallons Used	Property Owner / Contact Number if known **

**\*\*Please note if you made contact with property owner and their contact.  
(Use reverse side if needed.)**

Information: \_\_\_\_\_.

The intent of this document is intended to track, record and validated the amount of water used on a incident. It's not intended to review the performance of equipment using the water on an incident.

# Lowell Fire Transitional Notes

CA-NEU-017851

Briefing will begin **TUESDAY, AUGUST 4, 2015** at **0800**. The Lowell Base will be at the old SPI Bohemia Mill site located at the intersection of Brunswick Road and Greenhorn Road in Grass Valley.

Fuel, ice, and lunches will also be available at this location.

State/agency vehicles will refuel at State facilities or will utilize their Voyager cards. No fuel will be available for vendors/contractors.

Function	Location	Address	Phone
Lowell Base		12501 Brunswick Rd. (Intersection of Brunswick Rd. x Greenhorn Rd., Grass Valley)	
Supply Unit	Auburn Headquarters Station 10	13760 Lincoln Wy, Auburn	530-889-0111
Ground Support Unit	Nevada City CALFIRE Station 20	10242 Ridge Road, Nevada City	530-265-4589
Time Unit	GVECC Expanded	13120 Loma Rica Wy, Grass Valley	530-477-0872
Documentation Unit	GVECC Expanded	13120 Loma Rica Wy, Grass Valley	530-477-0872
Demobilization Unit	GVECC Expanded	13120 Loma Rica Wy, Grass Valley	530-477-0872
Hotels	GVECC Expanded	13120 Loma Rica Wy, Grass Valley	530-477-0872
Expanded ECC	Grass Valley ECC	13120 Loma Rica Wy, Grass Valley	530-477-0872

Feeding Locations	Address	Meals Served
<b>Grass Valley</b>		
Paulettes	875 Sutton Way, Grass Valley	Breakfast only
IHOP	746 Taylorville Rd, Grass Valley	Breakfast & Dinner
Lumberjacks	2075 Nevada City Hwy, Grass Valley	Breakfast & Lunch
<b>Auburn</b>		
Original Pete's	13434 Lincoln Way, Auburn	Lunch & Dinner
Black Bear Diner	13365 Lincoln Way, Auburn	Breakfast, Lunch, & Dinner

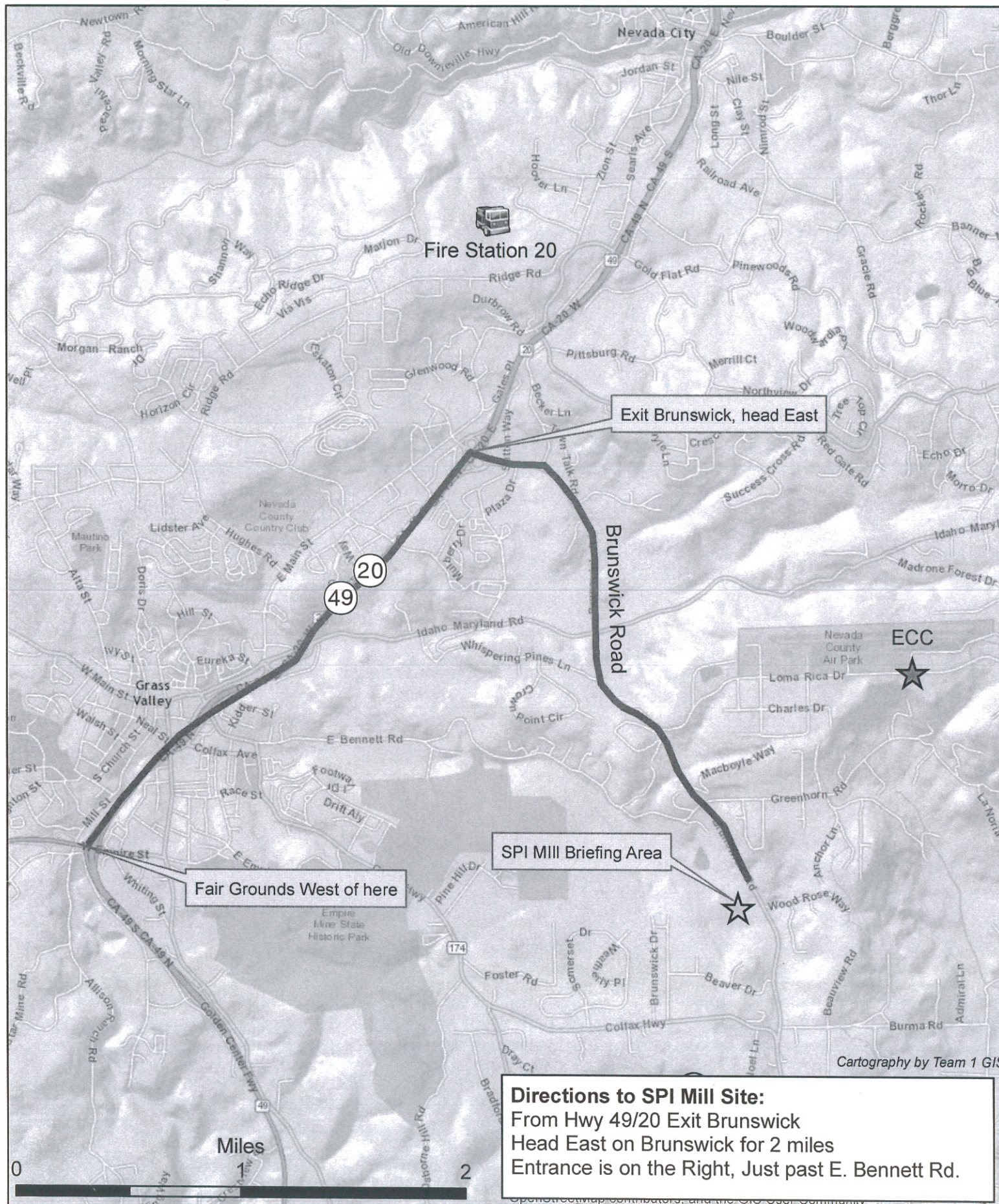


# Transportation Map

## Mill Site Briefing Area

Effective as of August 4, 2015

Lowell Fire  
CA-NEU-0017851





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## ACTIVITY LOG (ICS 214)

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